## **Short Form**

**Return of Organization Exempt From Income Tax** 

2020

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury

LC

SCANNED MAY 0

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form, as it may be made public. ► Go to www.irs.gov/Form990EZ for instructions and the latest information. Internal Revenue Service

				<del></del>			
				and ending			, 20
	Check if a	pplicable	C Name of organization ?		D Empl		ntification number
=	Address o	•	ROMISE KIDS A FUTURE, INC				4489322
$\overline{}$	Name cha		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telep	hone nur	nber
=	Initial retu	um m/terminated	115 N WATER STREET	STE B		859	-559-5989
=	rınaı retur Amended		City or town, state or province, country, and ZIP or foreign postal code	<b>^</b> 2	F Grou	p Exem	ption
=		on pending	GEORGETOWN, KY 40324	U9	Nun	nber 🕨	?
G	Account	ting Method:	☐ Cash ☑ Accrual Other (specify) ▶	Н	Check I	► V if t	the organization is not
	Vebsite	_	<del></del>				ch Schedule B
JT	ах-ехег	mpt status (che	eck only one) — 🗹 501(c)(3) 🔲 501(c) ( ) ◀ (insert no.) 🔲 4947(a)(1) o	r 🗆 527	(Form 9	90, 990-	EZ, or 990-PF).
		<del></del>	✓ Corporation ☐ Trust ☐ Association ☐ Other				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or i	nore, or if total	assets		
			5500,000 or more, file Form 990 instead of Form 990-EZ			<b>▶</b> s	
_	art I		e, Expenses, and Changes in Net Assets or Fund Balance	es (see the	instruc	tions 1	or Part I) 2
4	21(1		the organization used Schedule O to respond to any question	•			Π
	1 4		ons, gifts, grants, and similar amounts received	in this rait i	• •	1	103516
					• •	2	26150
?	2	_	ervice revenue including government fees and contracts		• •		20130
?	3		ip dues and assessments		• •	3	
?	4	Investment			• •	4	1
	5a		ount from sale of assets other than inventory	ļ		[ · · ]	
	b		or other basis and sales expenses	<u> </u>			
	C	•	ss) from sale of assets other than inventory (subtract line 5b from li		5c		
	6	_	d fundraising events:				
<u>•</u>	а	Gross inc. \$15,000) .	ome from gaming (attach Schedule G if greater than				
Revenue	[		Later the second se	L		2	
Š	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the					
ď	<b> </b>		to an analysis of the control of the	1			
					8371		
	C		t expenses from gaming and fundraising events 6c	d Characterist	1028	· ·	
	đ	line 6c)	e or (loss) from gaming and fundraising events (add lines 6a and	o 6b and sur	otract	6d	7242
	7a	•	s of inventory, less returns and allowances	· · · ·		00	7343
	b		of goods sold				
	G		it or (loss) from sales of inventory (subtract line 7b from line 7a)	<u> </u>		?/:3/	
						7c	
	8		nue (describe in Schedule O)	• • • •		8	407040
_	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	RECEIVA		9	137010
	10		The second control of	- VEV	ED	10	46450
	11	•	id to or for members	AAV C		<del>31  </del>	<del></del>
Expenses	12	· · · · · · · · · · · · · · · · · · ·	her compensation, and employee benefits 2	1AY 🕢 20		712	31875
ğ	13		al fees and other payments to independent contractors 🛂 🦲	· · · ·	~' · /}	21/3	5340
ğ	14		, rent, utilities, and maintenance		214	1701	
Ш	15	Occupancy, rent, utilities, and maintenance				15	1388
	16	Other expenses (describe in Schedule O) 2					
_	17	Total expe	nses. Add lines 10 through 16		. ▶ أ	17	86754
S	18	Excess or (	deficit) for the year (subtract line 17 from line 9)			18	50256
set	19	Net assets		52			
AS		end-of-yea	r figure reported on prior year's return)	•	1	19	16501
Net Assets	20		ges in net assets or fund balances (explain in Schedule O)		<u> </u>	20	
Ž	21		or fund balances at end of year. Combine lines 18 through 20			21	66757
					1		UU/3/

Page 2	
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 End of year 44956.25	
44730.23	
44956 25	
44956.25	
xpenses d for section and 501(c)(4) tions; optional for	
	7

1 01111 3	30-L2 (2	020)					raye A
Par	t II	Balance Sheets (see the instructions Check if the organization used Schedule	•	ny guestion in this	Part II		
		Check if the organization used Schedule	e O to respond to a	iny question in tins	(A) Beginning of year	<del></del>	(B) End of year
20	Cook	. cavings and investments		}	16501	22	44956.2
22 23		, savings, and investments			10301	23	44730.2
24		r assets (describe in Schedule O)				24	
25		l assets			16501	-	44956 2
26				· · · · · · }	10301	26	44730 2
27		assets or fund balances (line 27 of column			16501	_	44956.2
Part		Statement of Program Service Accom				21	44730.2
· art		Check if the organization used Schedule					Expenses
What	ie the	organization's primary exempt purpose?	o to respond to d	ny question in tillo	<u> </u>		quired for section
			Tally and the Armonda and the	e 11	<del></del>		(c)(3) and 501(c)(4)
as me	easure	e organization's program service accompl d by expenses. In a clear and concise n efited, and other relevant information for e	nanner, describe th			othe	anizations; optional fo ers.)
28	IIS DEI						
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7 (	Grants	s\$ ) If this amount	t includes foreign ar	ente check here		28a	
29	Ciraina					208	-
-	•••••		*****				
7	Grants	\$ ) If this amount	includes foreign gra	ents, check here	▶ □	<b>29</b> a	J
30	<u> </u>	, , , , , , , , , , , , , , , , , , , ,					<del>' </del>
				*			
-			******				1
ĩ	Grants	\$ ) If this amount	includes foreign gra	ints check here	▶ □	30a	
-		program services (describe in Schedule O)		· · · · · · ·	-	008	
	Grants		includes foreign gra			31a	.†
		rogram service expenses (add lines 28a	through 31a)	into, oncorriere.	· · · • L.	32	
Part		List of Officers, Directors, Trustees, and Ke					tions for Part IVI
		Check if the organization used Schedule					
			1	(c) Reportable ?		Ť	
		? (a) Name and title	(b) Average hours per week	compensation (Forms W-2/1099-MISC	contributions to employe		
		<del></del>	devoted to position	(if not paid, enter -0-)	<ul> <li>benefit plans, and deferred compensation</li> </ul>		ther compensation
ILL B	AKER					+	
DIREC	TOR		40	30529		٥	O
NDR	EW GR	IFFITH				<del>1</del> -	
CHAIR	MAN C	F THE BOARD	1 0	ا		0	0
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Form 9	990-EZ (2020)	H	ı	Page 3	}
Par	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Schedule O to respond to any question in this		V	. 🗆	_
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	00	Yes		-
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	33		2	- 7
35a	· · · · · · · · · · · · · · · · · · ·	35a		~	•
b c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b			-
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~	
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	37b		,	?
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		v	?
b 39 a b 40a	If "Yes," complete Schedule L, Part II, and enter the total amount involved		,	_	
b	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	40b	-	,	?
c	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	8	-		
d	40c reimbursed by the organization	- - - -			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	-	7	
41 42a	List the states with which a copy of this return is filed ►  The organization's books are in care of ►  Telephone no. ►	<u>.</u>			
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No	
	If "Yes," enter the name of the foreign country ►  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	노, 			
С	At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country	42c		Ÿ	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. •	<b>-</b> 🗆	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No_	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a 44b		<u> </u>	
c d	Did the organization receive any payments for indoor tanning services during the year?	44c	.	<u>v</u>	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a		~	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-F7. See instructions	·			
		45b		V	

Form 990	)-EZ (2	020)							P	age 4
		he organization engage, directly or in ndidates for public office? If "Yes," c						46	Yes	No
Part \	/	Section 501(c)(3) Organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used Sch	s Only s must answer que	stions 47-49b an	d 52, an	d complete th			or line	⇒s □
	Did t	he organization engage in lobbying? If "Yes," complete Schedule C, Part	activities or have a	section 501(h) elec	tion in ef		tax		Yes	No
48 49a b 50	Is the Did the If "Ye Comp	e organization a school as described in the organization make any transfers to es," was the related organization a se plete this table for the organization's oyees) who each received more than	n section 170(b)(1)(A)(i o an exempt non-cha ection 527 organizatio five highest compens	ritable related orga on? sated employees (c	te Schedunization?	officers, director	. [ ors, tr			
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contrib benefit	Health benefits, utions to employee plans, and deferred compensation			d amou pensat	
	Total		ov \$100.000							
51	Com	number of other employees paid over plete this table for the organization' ,000 of compensation from the organ	s five highest compe		nt contra	 actors who each	ı rece	ived	more	than
	(a)	Name and business address of each independ	lent contractor	(b) Type of s	ervice	(c)	Compe	ensatio	on	
										<del></del>
									·	<del></del>
52	Did 1	number of other independent contra the organization complete Schedu pleted Schedule A	_	ction 501(c)(3) or	_		ı a ▶ □	Yes		—— ——
		of perjury, I declare that I have examined this rid complete. Declaration of preparer (other than					nowledg	e and	belief,	ıt ıs
Sign Here	?	Signature of officer Loni Jones Type or print name and title	Treasu	res		Date 5/11/	21			
Paid Prepa Use C		Print/Type preparer's name  Firm's name ▶	Preparer's signature		Date	Check ☐ self-emplo	ıf	TIN		
		Firm's address ▶ discuss this return with the preparer	shown above? See i	nstructions		Phone no	<b>→</b> □	Yes		

## SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization 204489322 PROMISE KIDS A FUTURE, INC Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 331/8% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetan (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C)

(D)

(E)

Par	(Complete only if you checked the						
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Y	·	T	· · · · · · · · · · · · · · · · · · ·	
	dar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and	Ì		Ì		i /	]
	membership fees received. (Do not	1		1			{
	include any "unusual grants.")	ļ		<del></del>	<del></del>		<del></del>
2	Tax revenues levied for the organization's benefit and either paid to			[			ļ
	or expended on its behalf	1		1	<b>_</b>		]
•	The value of services or facilities		<b></b>		<del>/-</del>		ļ
3	furnished by a governmental unit to the	l		Į		t	l
	organization without charge					}	f
4	Total. Add lines 1 through 3	<del></del>			/		
	_	STANTED THE	<b>国本品类学的的影影</b> 比	· · · · · · · · · · · · · · · · · · ·	de presidente de la constanta	<b>"绿"</b> 原的分裂扩充	<del> </del>
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly	FF 48 15 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5				是特別的	
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	THE STATE OF			LA FIRM TOWN	<b>与能力是表表的主</b>	<del> </del>
	on B. Total Support	The Artist of the Artis Artis	/	as distant control attacto	Carry South Col. and Control	F . 122 700	<del></del>
	dar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,	1					ļ
	rents, royalties, and income from	/					ļ
	similar sources				·		
9	Net income from unrelated business					_	
	activities, whether or not the business				,		
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets				ľ		
	(Explain in Part VI.)	FROM THE PARTY NAMES OF	なないなった。	area never contain the	8 pt 202 Method, 84 het Me	Control with the second	<del></del>
11	Total support. Add lines 7 through 10	4年2月7日本	ATTENNESS TO	Was a series of the series of	点学者大学学成立とは		<u> </u>
12	Gross receipts from related activities, etc First 5 years. If the Form 990 is for the			46:00 6000		12	504(-)(0)
13	organization, check this box, and stop he				_		
Secti	on C. Computation of Públic Suppor			<del></del>	<del></del>	<del></del>	<u> </u>
14	Public support percentage for 2020 (line (			11 column (f)		14	%
15	Public support percentage for 2020 (line to Public support percentage from 2019 Sch			i i, coldinii (i)		15	<del></del>
16a	331/3% support test—2020. If the organi						
	box and stop here. The organization qua					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•
b	331/3% support/test-2019. If the organi				a. and line 15	is 331/3% or m	ore, check
	this box and stop here. The organization	qualifies as a	oublicly suppor	rted organizati	on		▶ □
17a	10%-facts-and-circumstances test-20			=		6a or 16b and	d line 14 is
	10% or more, and if the organization m	eets the facts	and-circumsta	ances test, che	eck this box a	nd <b>stop here.</b>	Explain in
	Part VI how the organization meets the						
	organization						▶ □
ь	10%-facts-and-circumstances test -20	<b>019.</b> If the oras	anization did n	ot check a box	x on line 13. 1	6a. 16b. or 17	ب a. and line
	15 is 10% or more, and if the organizatio	n meets the fa	cts-and-circur	nstances test,	check this box	x and stop he	re. Explain
	In Part VI how the organization meets the	e facts-and-cire	cumstances te	st. The organiz	zation qualifies	as a publicly	supported
/	organization						▶ □
18	Private foundation. If the organization of	did not check	a box on line	13, 16a, 16b,	17a, or 17b,	check this bo	
	instructions			<u> </u>		<u>.</u>	▶ □
	<del></del>				Sch	edule A (Form 990	or 990-EZ) 2020

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

	IT the organization rane to quality			,			
	on A. Public Support	,		· · · · · · · · · · · · · · · · · · ·	<del></del>	<del>,</del>	<del>,</del>
Caler	dar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	51365	51066	76162	83173	103516	365282
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	27025	44958	33950	28013	26150	160096
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons.	78390	96024	110112	111186	129666	525378
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b				7		525378
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	78390	96024	110112	111186	129666	525378
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	78390	96024	110112	111186	129666	525378
14	First 5 years. If the Form 990 is for the organization, check this box and stop he			third, fourth,		ar as a section	n 501(c)(3) ▶ □
Secti	on C. Computation of Public Suppor					<del></del>	
15	Public support percentage for 2020 (line to	B, column (f), di	vided by line 1	3, column (f))		15	%
16	Public support percentage from 2019 Sci			<u> </u>	<u> </u>	16	%
Secti	on D. Computation of Investment In	come Percer	tage				
17	Investment income percentage for 2020 (					17	%
18	Investment income percentage from 2019					18	%
19a	331/a% support tests—2020. If the organ	ization did not	check the box	on line 14, an	d line 15 is mo	ore than 331/39	
ь	17 is not more than 331/3%, check this box 331/3% support tests—2019. If the organiz	ation did not ch	eck a box on li	ine 14 or line 1	9a, and line 16	is more than 3	31/3%, and
	line 18 is not more than 331/3%, check this I						
20	Private foundation. If the organization di	a not check a b	ox on line 14.	19a. or 19b. cl	heck this hox a	and see instruc	tions > \square

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Secti	on A, All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	<u> </u>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		<del></del>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .			
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9a		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	9c		
b	supporting organizations)? If "Yes," answer line 10b below.  Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10a		

Part	V Supporting Organizations (continued)			
•		, ——	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?			
	•	11a		
	A family member of a person described in line 11a above?  A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11b		
С	detail in <b>Part VI.</b>	11c		
Secti	on B. Type I Supporting Organizations	110		
	on p. type i depperang organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		Vaa	Nis
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control	,		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
<u>Secti</u>	on D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
•		2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstruc	tions	s).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	<ul> <li>☐ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (</li> </ul>		-4·	
с 2	Activities Test. Answer lines 2a and 2b below.	see m	Yes	
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	<del></del>
_	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			ı
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
	· ·	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			1
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			ł
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		<del></del> -i
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Par	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Control of the Control of	jani	zations			
1	1 ` Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See					
	instructions. All other Type III non-functionally integrated supporting organ	izat	ons must complete Section	ns A through E.		
Sec	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sec	tion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sec	ion C—Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional (see instructions).	ally i	ntegrated Type III support	ing organization		

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued	d)	
Sect	ion D—Distributions				Current Year
1	Amounts paid to supported organizations to accomplish			1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-		VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020		· · ·		
a	From 2015	'			
<u>b</u>	From 2016			_	
<u>c</u>	From 2017				
<u>d</u>	From 2018				
	From 2019				
f	Total of lines 3a through 3e			_	
<u> </u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount			_	
÷	Carryover from 2015 not applied (see instructions)			$\dashv$	
<u>J</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  Distributions for 2020 from			$\dashv$	
4	Section D, line 7:				
a	Applied to underdistributions of prior years			$\dashv$	
b	Applied to 2020 distributable amount			_	
	Remainder. Subtract lines 4a and 4b from line 4.			+	
5	Remaining underdistributions for years prior to 2020, if			$\dashv$	
•	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h			$\neg$	- · · · · · · · · · · · · · · · · · · ·
_	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j			_	
	and 4c.				i
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017			$\Box$	
<u>c</u>	Excess from 2018				
<u>d</u>	Excess from 2019				
e	Excess from 2020				

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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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